

**REQUEST/CONSENT FORM FOR INFORMATION FROM PREVIOUS
EMPLOYER(S) FOR ALCOHOL AND CONTROLLED SUBSTANCES TESTING
RECORDS**

Instructions: Section 1 must be completed by prospective employee before mailing this form to previous employer(s). Applicable portion of Section 2 (company, name, address, phone) and 3 must be completed by Supervisor prior to mailing.

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Date: _____

Printed Name (First, M.I., Last)

Signature

I, the above mentioned signed, hereby authorize that _____ (my previous employer) release and forward all information on my Alcohol and Controlled Substances Testing/Training records to _____.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

Instructions for previous employer(s): Section 2 must be completed by authorized representative of your organization. Mail or Fax completed form with accompanying information within 14 days of receipt to:

Prospective Employer: _____

Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____

1. Has this person tested positive for a controlled substance in the last two years? YES NO
2. Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last two years?
YES NO
3. Has this person refused a required test for drugs or alcohol in the last two years? YES NO

If "YES" to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference:

Name: _____

Address: _____

Phone #: _____

Printed Name of Individual Completing this Form:

Signature and Date Completed: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Date form was mailed to previous employer(s): _____

Date form was received from previous employer(s): _____ Mail _____ Fax _____